

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/806618		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1		1
2	1						52		1		1
3		1					53		1		1
4	1						54		1		1
5		1					55		1		1
6	1						56		1		1
7		1					57		1		1
8	1						58		1		1
9		1					59		1		1
10		1					60	1		1	
11		1					61		1		1
12		1					62		1		1
13		1					63		1		1
14		1					64		1		1
15		1					65		1		1
16		1					66		1		1
17		1					67		1		1
18		1					68		1		1
19		1					69	1			1
20		1					70		1		1
21		1					71	1			1
22		1					72	1			1
23		1					73		1		1
24		1					74		1		1
25		1					75		1		1
26		1					76		1		1
27		1					77	1			1
28		1					78		1		1
29		1					79		1		1
30		1					80		1		1
31		1					81		1		1
32		1					82		1		1
33		1					83	1			1
34		1					84		1		1
35		1					85		1		1
36		1					86		1		1
37		1					87	1			1
38		1					88		1		1
39		1					89		1		1
40		1					90		1		1
41		1					91		1		1
42		1					92		1		1
43		1					93		1		1
44		1					94		1		1
45		1					95		1		1
46		1					96		1		1
47		1					97		1		1
48		1					98		1		1
49		1					99		1		1
50		1					100		1		1
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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